APPLICATION NO. (COURT USE ONLY) **PAGE** STATEMENT OF FACTS TRIAL COURT OF MASSACHUSETTS IN SUPPORT OF APPLICATION FOR COMPLAINT __ OF__ JUVENILE COURT DEPARTMENT Division The undersigned alleges the following as a \square full or \square partial statement of the factual basis for the offense(s) delinquency/criminal complaint is sought. (Use additional sheets if necessary) PRINTED NAME SIGNATURE Date Signed I AM A: ☐ Law Enforcement Officer X ☐ Civilian Complainant or Witness ADDITIONAL FACTS FOUND BY CLERK-MAGISTRATE/ASST. CLERK/JUDGE BASED ON ORAL TESTIMONY REMARKS SIGNATURE OF CLERK-MAGISTRATE/ASST. CLERK/JUDGE DATE SIGNED Χ